

Statewide Health Improvement Program
Multi-grantee Health Care Work Group Meeting

April 20, 2010, 2:30-4:00 p.m.

UCare, Room 309

MEETING MINUTES

Attendees: Courtney Jordan (Physician Consultant), Renee Gust (Hennepin County Public Health), Cathy Brunkow (Hennepin County Public Health), Esther Maki (Hennepin County Public Health), Ruth Tripp (Bloomington Public Health), Kristen Godfrey (MDHFS), Megan Ellingson (MDHFS), Melissa Marshall (ICSI), Carol Berg (UCare), Sandy Lien (Medica), Ron Jankowski (Freemont Community Health), Randall Warren (Health Partners), Patty Bowler (MDHFS), Brooke Ahlquist (MDH)

Phone: Kristin Erickson (Otter Tail County Public Health), Pat Talbert (MHP), Jim Bluhm (BCBS)

Agenda Item	1. Welcome and Introductions
Discussion	<ul style="list-style-type: none"> Courtney Jordan, Chair of the Health Care Work Group (HCWG), convened the meeting and called for introductions.
Next Steps	<ul style="list-style-type: none"> None.
Agenda Item	2. Approval of March 16, 2010 meeting notes
Discussion	<ul style="list-style-type: none"> Kristin Erickson, SHIP Health Care Coordinator from Otter Tail County, made a comment on the update from the reimbursement sub-group (agenda item 6). Otter Tail County sent a letter to MDH suggesting that measures related to these ICSI guidelines be included in HEDIS and MDH quality measures.
Next Steps	<ul style="list-style-type: none"> None.
Agenda Item	3. Clinic status update
Discussion	<p><u>ICSI</u></p> <ul style="list-style-type: none"> The multi-grantee clinics will be participating in the ICSI Collaborative, which will include three face-to-face full-day workshops, three webinars, and several conference calls. The first face-to-face meeting will be on Friday, April 30, 2010, at the Northland Inn, Brooklyn Park. ICSI will send out a reminder for meeting participants and include the readiness assessment which can be completed before or during the first workshop. <p><u>Hennepin County</u></p> <ul style="list-style-type: none"> Hennepin County Public Health is currently recruiting suburban Hennepin County clinics to participate in the SHIP multi-grant. Esther Maki, Cathy Brunkow, and Renee Gust updated the group on current work they are doing for the Hennepin County SHIP grant. Hennepin County is currently working with 12 clinics including Native American Community Clinic, Hennepin Care South, Crown Medical (Minneapolis and Brooklyn Park), Northwest Family Physicians (Crystal, Plymouth, and Rogers), New Hope Crystal Clinic. The clinics are in Phase 4 of guideline implementation and are currently starting chart auditing. Two clinics have set up their own weight loss clinics which will be billed to health plans or self pay at the cost of an office visit. Northwest Family Physicians will be having evening group sessions one time per month for two hours each with about 10 patient participants. The curriculum includes education and evaluation and is conducted by a PA. The other clinic's program curriculum includes education on physical activity and nutrition, developing goals, techniques for lifestyle change,

	<p>and demonstrations on physical activity and portion size.</p> <ul style="list-style-type: none"> Hennepin County had a meeting last week with Partners in Pediatrics to discuss what is working and what they need for guideline implementation. The group wants to work with parents with patients starting at age 1 to begin education on physical activity and healthy eating. <p><u>Minneapolis</u></p> <ul style="list-style-type: none"> The Minneapolis Department of Health and Family Support (MDHFS) will be working with five clinics on full guideline implementation: Freemont Community Health Services (Central Avenue Clinic, Freemont Clinic, Sheridan Women's and Children's Clinic), Neighborhood Involvement Program/Uptown Community Clinic, and The People's Center Medical Clinic. Minneapolis will also be working with several other clinics on components of participation, including Southside/Green Central and the Phillips Neighborhood Clinic. MDHFS has had initial meetings with the participating clinics and planned for baseline data gathering. Clinics will be bringing completed baseline assessments (provider survey, chart audits, and readiness assessments) to the first ICSI meeting to assist in development of their action plans. MDHFS will begin working with clinics on the referral component and action plan follow-up in May 2010. <p><u>Bloomington</u></p> <ul style="list-style-type: none"> Bloomington Public Health will be working with Bloomington Lake Clinic (Bloomington and Minneapolis locations) on the multi-grant. Bloomington Public Health will be working with Northwestern Health Sciences University, Southdale Internal Medicine, WIC, and SagePlus through their Bloomington SHIP grant.
Next Steps	<ul style="list-style-type: none"> The Multi-grantee team will be participating in the first ICSI meeting with intervention clinics and following up with clinic specific action plans in early May 2010.
Agenda Item	4. System status update (Park Nicollet and others)
Discussion	<ul style="list-style-type: none"> At the last meeting, it was decided that Park Nicollet would be the clinic system for the SHIP multi-grant because of their interest in participating in the intervention. The multi-grantee team had a second meeting with 4-5 administrative leaders for Park Nicollet who is very interested and organized. Park Nicollet leaders will meet with the physician group to determine next steps for guideline implementation. There was discussion on potentially piloting the project with 4 clinics participating in health care homes or in the pre-diabetic population across clinics. Park Nicollet provides a lot of provider education and seminars and Courtney may be doing a presentation on the ICSI guidelines in Fall 2010. Park Nicollet will let the multi-grantee team know how they would like to implement the project and will sign a contract that will include outcomes. At the last HCWG meeting, the group suggested that the multi-grantee team have conversations with other clinic systems on how to work effectively in the future with public health. Other systems have shown interest in how else to participate, even though they are not ready for this ICSI project. MDHFS will be meeting with Allina in early May to discuss a potential partnership to connect patients to community resources related to prevention and wellness. Health Partners is interested in a pediatric obesity prevention initiative as a part of their strategic plan for 2011. Health Partners currently has a pediatric referral to a specialized YMCA 12-16 week obesity program for children. According to ICSI and Health Partners,

	the pediatric evidence is not conclusive yet, but should be in a few years. Fairview is also interested in a follow-up meeting (to be scheduled).
Next Steps	<ul style="list-style-type: none"> • Megan Ellingson will be drafting the scope of work for Park Nicollet; HCWG members can contact Megan with any comments or suggestions. • Multi-grantee team will report back with updates on systems next meeting.
Agenda Item	5. Update from reimbursement sub-group
Discussion	<ul style="list-style-type: none"> • The reimbursement subcommittee chaired by Carol Berg, UCare, and Sandy Lien, Medica, met before the HCWG meeting today. • Sandy and the subcommittee have been continuing work on an early draft of the SHIP ICSI Billing grid for public programs. The group will be adding HEDIS measurement coding for BMI and any other applicable HEDIS coding. • Carol Berg has arranged for the billing grid to be reviewed at the May 25, 2010 meeting of the statewide Administrative Uniformity Committee (AUC) to pursue uniform coding across health plans. The AUC is a group of representatives from DHS, MDH, the health plans, and clinics. The AUC is looking at current codes, not pursuing new codes for ICSI guideline services. • ICSI suggested bringing new codes to the AUC for overall coordination or referral (similar to the health care homes). The group determined that this might be a long term goal, but that no one knows right now what service needs to be added. Carol will get this on the AUC radar. • Sandy has also been working on the grid of other programs and services offered by health plans. The grid contains information on health club discounts, smoking cessation programs, and other resources offered by health plans. The grid will be completed in 2-3 weeks and will be updated by plans about one time per year. The grid could be incorporated into EMR decision models or used by referral person at the clinics. • Hennepin County's experience has been that clinics want to refer internally for services because there are not that many external services available. Health Partners has an internal weight loss group open to the public which could be looked at as a model for other clinics. Colorado also has a successful model. Fremont has an internal weight management program that is grant funded. Park Nicollet is interested in internal resources and referrals because patients do not go to the YMCA, etc. Mill City and People's Center clinics have expressed interest in having internal exercise equipment to expand clinic services to a wellness center. Employers are also moving in the direction of internal services. The Minneapolis SHIP grant includes a patient waiting room survey that will explore patient interest in internal (and external) services. • The HCWG also discussed other models of incorporating exercise and wellness into health services. Fargo has explored the idea of building a clinic next to the YMCA or putting exercise equipment in the clinic waiting room. Iowa has a city that has a school, clinic, and YMCA all together in one complex area.
Next Steps	<ul style="list-style-type: none"> • Megan Ellingson will send the billing and resource grids to the SHIP Coordinators for Otter Tail and Chisago Counties. • If any HCWG members know of a code that should be included in the billing grid, or knows of some service that does not have a code, please contact Sandy Lien. • The reimbursement subcommittee will meet again before the June HCWG meeting.
Agenda Item	6. Discussion of patient follow-up models and next steps

<p>Discussion</p>	<ul style="list-style-type: none"> • At the last HCWG meeting, the group suggested that the multi-grantee team bring information for discussion at the April HCWG meeting on the following models: Clearway Quitline, Call It Quits Fax Referrals, Health Care Homes, PHN, and CHW. Kristen Godfrey, the Minneapolis Referral Intervention Specialist, reviewed the Referral/Follow-up Model Comparison Grid handout which is the multi-grantee's response to this request. • After reviewing the grid, the HCWG suggested that outcomes should be included on the grid. Andrew Pisansky, the Minneapolis SHIP Health Care intern, has compiled a literature summary which is one of the handouts for this meeting. This information will be used to add an outcomes column on the grid for the next HCWG meeting. The ICSI DIAMOND model is based on the IMPACT model and has positive outcomes for chronic disease in the literature. Courtney Jordan has published a paper on what is proven to work through a meta-analysis of Randomized Controlled Trials. There is evidence for all models in the grid in a controlled study; however, no one can say what will work best for a clinic or for the state. Looking at models with long term follow-up outcomes would be ideal, but there is not much literature out there for physical activity (there may be for smoking). • One suggestion was that a culture change model is needed like Tobacco policies in Minnesota. Minnesota SHIP may be one model for policy, system, and environmental change in schools, worksites, communities, and health care. Courtney mentioned that federal level change is coming down the line for regulation of salt in foods. • Brooke Ahlquist, MDH SHIP Policy Coordinator, discussed how MDH is looking at state goals for the SHIP health care interventions, particularly the referral intervention. Brooke reviewed the Health Care Referral to Local Resources handout that will be discussed by SHIP grantees participating in the health care referral intervention across the state (22 grantees). The models include referral to internal and external resources as well as internal and external care coordination. MDH recognizes that different models will work for different clinics and people across the state. • The providers in the HCWG suggested that providers do not have the capacity to determine where to send patients, and that they want to refer them to someone/somewhere to help them. One suggestion would be to set up a registry of obese patients similar to chronic disease registries. Another model is HCMC's Chaperone Model for chronic disease patients. This model has not been proven yet, but has a staff person (not necessarily a nurse or MA) call the patient to follow-up regarding appointments and follow-up care. However, these interventions are fragmented across clinics; there are no best practices, so there is a need for a standardized or proven approach. A literature review on panel management for health care homes was suggested. • At the last meeting, the HCWG members discussed interest in pursuing the tobacco Quitlines and Quit Plan Fax Referral models for a referral system. Jim Bluhm and Rhonda Evans from Blue Cross and Blue Shield (BCBS) Center for Prevention have been in conversations with MDH and MDHFS regarding this suggestion. • The Fax Referral model provides continuity of care through follow-up from counseling and loop back to clinics for outcomes. BCBS is willing to engage in
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	<p>conversation around using the Fax Referral model for this project with other health plan participation. The timeline on this project could be fairly quick (~ 1 year) because the infrastructure has already been developed for tobacco. Research and Development for the referral system was about \$200,000 and ongoing costs to run the program are approximately \$40,000 per year. The outcomes are described in the Archives of Internal Medicine article (2008; 168(18): 1993-1999). There is a 10-15% referral rate, 26% enrollment rate, but it is unclear what the quit rate is. Telephone counseling is not as effective as face-to-face but is better than online.</p> <ul style="list-style-type: none"> • The group decided to form a subcommittee to further look into the referral/follow-up mechanisms as well as the resource database clearinghouse models. The resource database models were discussed at the March, 16, 2010, HCWG meeting and have been further researched since then. Carol, Courtney, Brooke, and Sandy volunteered to work with the multi-grantee team on the subcommittee. Brooke will also invite other SHIP grantees to the sub-group. BCBS is willing to participate in the conversations regarding the fax referral model. The subcommittee will meet before the next HCWG meeting to research the models and shed light on next steps. • Courtney asked the group to think about what role the HCWG should play in this topic and what the niche of the HCWG should be. SHIP grantees across the state look to the work of the group to lead the way. The group agreed that the HCWG should focus on a large endeavor, but not sure what the model will be. It was suggested that the model be consistent and accessible for everyone and everywhere. However, more feedback is needed from providers and patients because there are some HCWG members that do not agree that a large system is the answer. There was also a suggestion that group discuss what the service provided is going to be e.g. care coordination, information, health coaching, customized help finding a resource, etc.
Next Steps	<ul style="list-style-type: none"> • Kristen Godfrey will add outcomes to the referral/follow-up model grid. • Brooke Ahlquist will arrange a conversation with SHIP grantees. • The multi-grantee team will conduct a literature review on panel management to see if there's useful information to add to our models/discussions. • Megan Ellingson will arrange the referral subcommittee meeting. • The Archives of Internal Medicine article will be sent out to the HCWG with the meeting minutes.
Agenda Item	7. Next steps and future agenda items
Discussion	<ul style="list-style-type: none"> • The next meeting is May 18, 2010, 2:30-4:00 pm at Allina, (Mora Conference Room, 068-Greenway Level).
Next Steps	<ul style="list-style-type: none"> • Future agenda items include updates on clinics and clinic systems, subcommittees on reimbursement and referral/follow-up models, and further discussion on the role and goals of the HCWG.